

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Carl A. Wescott	COURT CASE NUMBER 22-cv-04288-VC
DEFENDANT Robert N. Weaver	TYPE OF PROCESS comp, summons, order

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
David M. Zeff
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
650 Chapman Drive, Corte Madera, CA 94925

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Carl A. Wescott 8210 E. Via de la Escuela Scottsdale, AZ 85258	Number of process to be served with this Form 285 3
	Number of parties to be served in this case 2
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service:*)

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	415-522-4261	12/20/2022

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk 	Date 12/22/22
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy
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Costs shown on attached USMS Cost Sheet >>

REMARKS

FILED

DEC 23 2022

CLERK, U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA

RECEIVED
U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA
12/20/22 PM 3:34

ACKNOWLEDGMENTS

U.S. Department of Justice
United States Marshals Service

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PLAINTIFF Carl A. Wescott	COURT CASE NUMBER 22-cv-04288-VC
DEFENDANT Robert N. Weaver	TYPE OF PROCESS comp, summons, order
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Frederick C. Fiechter ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 96 Avenue del Norte, San Anselmo, CA 94960	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Carl A. Wescott 8210 E. Via de la Escuela Scottsdale, AZ 85258	
Number of process to be served with this Form 285 3 Number of parties to be served in this case 2 Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-4261	DATE 12/20/2022
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <u>4</u>	District of Origin No. <u>11</u>	District to Serve No. <u>11</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>12/21/22</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
Address (<i>complete only different than shown above</i>)	Signature of U.S. Marshal or Deputy		

Costs shown on attached USMS Cost Sheet >>

REMARKS